



PAT MCCRORY
Governor

DANIEL ORTIZ
Chairman

Funding Request for Well Contractors Continuing Education

Requesting Public Entity: _____
(Such as a county health department or community college)

Contact (Name, Phone #, etc.): _____

Funding Amount Requested: _____

Proposed course date: _____ Location: _____

Hours of continuing education to be provided: _____ *(Include copy of proposed course outline)*

Cost to well contractor: _____

Has funding been previously awarded by the WCCC? _____ yes / _____ no

If so, in what amount? _____ How many NC well contractors in attendance? _____

This funding, if granted, is to be used for the sole purpose of providing continuing education to North Carolina certified well contractors.

I have read, understand and completed this form.

Signature of Applicant or Representative Date

Mail request to the **NC Well Contractors Certification Commission** at the address listed below.

<i>For Internal Use Only</i>
Reviewed by: _____ / _____ Date: _____
<input type="checkbox"/> Approved. Amount Granted: _____
<input type="checkbox"/> Need Info, Approved upon receipt of: _____
<input type="checkbox"/> Denied. Reason: _____

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